

**LOS ANGELES COUNTY
DEPARTMENT OF MENTAL HEALTH**

**HEALTHY FAMILIES PROVIDER
MANUAL**

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Introduction

Healthy Families is the California name for the federally funded state Children's Health Insurance Program that provides affordable, low cost, comprehensive medical, dental, and vision coverage for children and youth, aged newborn up to their 19th birthday. Members must reside in the State of California and be either U.S. Citizens, Nationals, or Qualified Aliens. The Healthy Families Program is for children of families who do not qualify for Medi-Cal, and whose income is between 100% and 250% of the Federal Poverty Level.

The Healthy Families Program in Los Angeles County will identify and refer children needing mental health services to both directly operated and contracted agencies of the Los Angeles County Department of Mental Health (LACDMH). Eight (8) health plans have joined the Healthy Families Program in Los Angeles County to provide mental health and substance abuse treatment benefits to members. The plans have also entered into Memoranda of Understanding (MOU) with the Department of Mental Health to refer members who meet the definition as Seriously Emotionally Disturbed (SED) as described in the Welfare and Institutions Code (WIC) 5600.3 to Department of Mental Health providers.

1. THE HEALTHY FAMILIES PROGRAM

1.1 Qualifications for Membership

To enroll in the Healthy Families Program, a child must meet the following qualifications:

1. Age newborn up to the 19th birthday.
2. Be a California resident.
3. Children who meet citizen or immigration rules.
4. Have family income between 100% to 250% of the Federal Poverty Level.
5. Not qualify for no-cost Medi-Cal.
6. Have not had coverage by employer sponsored health insurance in previous three months (there are some exceptions).

1.2 Health Plans Participating in Healthy Families Program in Los Angeles County

In Los Angeles County, 8 health plans have entered into a MOU with the County to participate in the Healthy Families Program:

- Blue Cross
- Blue Shield
- Care 1st Health Plan
- Community Health Plan
- Health Net
- Kaiser Permanente
- L.A. Care
- Molina Health Care of California

A list of health plan customer service phone numbers can be found in Addendum G.

1.3 Information Resources on Healthy Families

1.3.1 On the Internet

The website for the statewide Healthy Families Program can be found at **healthyfamilies.ca.gov**. The website provides program information, enrollment forms which can be downloaded, an index of Certified Application Assistants by geographic area, answers to common questions, an explanation of the benefit coverage, and much more.

1.3.2 Healthy Families Helpline

The Healthy Families toll free helpline is **1-800-880-5305**, through which a family may:

- Request an application form.
- Ask for assistance in completing the application form.
- Obtain eligibility information.

1.3.3 The Individual/Family Outreach Hotline

To obtain referrals to Certified Application Assistants who can assist members in completing applications, call the Individual/Family Outreach Hotline **1-888-747-1222**.

1.4 The Healthy Families Unit

The Los Angeles County Department of Mental Health (LACDMH) Healthy Families Unit is located at the Department's Headquarters:

Healthy Families Unit
600 S. Commonwealth Ave., 2nd floor
Los Angeles, CA 90005
Phone: (213) 739-2302
Fax: Primary: (213) 252-0240 Secondary: (213) 738-5804

2. BEHAVIORAL TREATMENT BENEFITS PROVIDED UNDER THE HEALTHY FAMILIES PROGRAM

2.1 Basic Benefits Provided by Health Plans

- A) Mental Health Treatment for Mental Health/Emotional Problems Amenable to Short-Term Intervention which includes:**
- 20 outpatient mental health visits per benefit year (July 1st – June 30th).
 - All medication and laboratory services, which are part of the treatment plan.
- B) Alcohol and Other Drug Treatment which is limited to:**
- 20 outpatient drug and alcohol visits per benefit year (July 1st – June 30th).
 - In-patient detoxification as medically necessary to clear the body of toxic substances.

- C) Thirty days of Inpatient Mental Health Care per benefit year (July 1st – June 30th) including Professional and Ancillary services.

Health plans will refer all members identified as meeting the SED criteria for evaluation to the LACDMH.

Hereafter, the above health plan-covered benefits will be referred to as **Basic Benefits**.

2.2 Benefits Provided by Los Angeles County

The LACDMH will assess all Healthy Families members referred for assessment and provide outpatient treatment to all members who meet SED criteria (**see Addendum A**).

- Clinical assessment is provided through LACDMH directly operated and contracted providers at County expense to determine if the child meets criteria as SED.
- Outpatient treatment, for those members who meet SED criteria, includes the cost of medication and laboratory services.
- The County of Los Angeles will also provide for members who have exhausted their 30-day health plan inpatient benefit in a benefit year, when medically necessary, inpatient hospital treatment, including professional and ancillary services.
- Under the Healthy Families Program, a member who qualifies as SED may receive any of the mental health services that are currently available to any SED child, adolescent or transitional age client of the Department through Medi-Cal funding. Therapeutic Behavioral Services, however, are excluded.

It is important to note that Healthy Families does not cover residential treatment.

2.3 Providers of Basic Benefit Mental Health and Alcohol and Other Drug Treatment Services

Basic Benefit Mental Health Services and Alcohol and Other Drug Abuse Services (AOD) will be provided by each plan's network providers.

2.4 Participation Requirements for LACDMH Providers

2.4.1 County General Funds

Healthy Families Units of Service (UOFS) for SED treatment are billed through the LACDMH Integrated System (IS). In

order to provide these billable SED services to Healthy Families clients, a Department provider must have County General Funds (CGF) in their budget to match Federal Financial Participation (FFP). There is a 66% FFP to a 34% County match. Any Department provider that does not have CGF in their budget cannot access Healthy Families reimbursement for SED services.

One objective of Los Angeles County participation in the Healthy Families Program is to provide more mental health services for more people by maximizing the FFP and minimizing the use of CGF for each client served. Providers who identify eligible clients and assist them to enroll, help the individual client and help stretch their allotted CGF to serve more people.

2.4.2 Staff Trained on Healthy Families Procedures

To prevent errors that could result in the loss of reimbursement, the Department provider must follow Healthy Families procedures of the Department as outlined in this manual. Department providers should designate a clinical staff member as the provider's Healthy Families liaison and have that person trained on the program's procedures through the Department's Healthy Families Unit. Other staff members, such as financial screeners and data entry staff, will also benefit from training on the Healthy Families Program.

3. REFERRAL OF MEMBERS FOR BEHAVIORAL HEALTH SERVICES TO LACDMH PROVIDERS

The Department provider will accept written referral of a member from the designated health plan representative, Primary Care Provider (PCP), or mental health care provider. Required referral information is outlined in the "Healthy Families Program Referral Form" (**See Addendum B**).

In accordance with State regulations, evaluations will be completed within **five working days** of receipt of referral for members receiving inpatient services, and no later than **30 calendar days** from receipt of referral for outpatient referrals, provided all necessary information is included on the referral.

The Department provider will acknowledge receipt of referral by faxing copies of date-stamped referral forms to the member's health plan.

3.1 Standard Procedure for Health Plan Referral

1. The PCP, or the health plan case manager, will complete the referral form to request a mental health assessment to determine if the member requires SED treatment, or Basic Benefit treatment provided under health plan coverage.
2. The PCP or health plan case manager who refers a member to a Department provider should assist the member to make an appointment with the Department provider.
3. The PCP or the health plan case manager will fax the referral form to the Department provider or give it to the parent to bring to the Department provider.

3.2 Members Requesting Assessment Without a Health Plan Referral

Parents may bring their children to a Department provider for an SED assessment without a health plan referral. Under these circumstances, the child is to be assessed to determine if he/she meets SED criteria. If the child is found to be SED, the Department provider will notify the health plan of the outcome by faxing the SED assessment to the health plan. Health plan fax numbers can be found in Addendum G of this manual.

If the child is found to require mental health or alcohol or other drug treatment, the Department provider will follow the course of action dictated by the member's health plan as indicated below.

The Department provider should obtain a signed consent to contact the PCP for relevant medical information and to provide the PCP with the results of the SED evaluation.

3.2.1 Treatment of Members who do not Qualify as SED

If an assessment of a member from one of these health plans determines that the member is not SED, the Department provider will refer the member back to the health plan. Based on the outcome of the assessment, the health plan case manager will then decide whether or not to authorize Basic Benefit outpatient treatment with a health plan provider. The health plan can authorize a maximum of 20 Basic Benefit outpatient mental health sessions per benefit year with a health plan provider. The member will be required to pay a \$5.00 co-pay for these Basic Benefit outpatient services.

3.3 Referral Timelines

- The Department provider will log all referrals received and date-stamp the referral form at the time of receipt. This date-stamp will be the starting point for relevant timelines.
- Members referred for outpatient services are to be assessed within 30 calendar days from the date of referral.
- It is anticipated that urgent cases will be given priority.
- Members in inpatient care will be assessed within five working days from the date of referral. The LACDMH Healthy Families Unit will usually conduct these assessments.
- Members discharged from inpatient care should be seen within one week of discharge.
- If a Department provider has difficulty in meeting these timelines, it should contact the LACDMH's Healthy Families Unit for consultation.

3.4 Authorization for Services

3.4.1 Authorization for SED Outpatient Services

An assessment by a Department provider that evaluates a client as SED serves as authorization for SED outpatient services. Assessment that the member meets SED criteria must be documented on the **Healthy Families Mental Health Response Form**, placed in the client's chart, and supported by information on the initial assessment and chart notes. In addition, a copy of the SED assessment should be faxed to the member's health plan. Fax numbers can be found in Addendum G of this manual. Authorization by the Healthy Families Unit or the member's health plan is not necessary for services to be provided to Healthy Families members who are diagnosed as SED.

3.4.2 Authorization for Inpatient Services

A member's Healthy Families health plan is responsible for 30 days of hospitalization and associated professional and ancillary services per benefit year. It is the responsibility of the acute psychiatric facility to obtain authorization from the health plan for each hospital admission. The authorization number should be entered in the Patient File field on the Episode Screen and maintained in the hospital's internal tracking system.

The County of Los Angeles is responsible for medically necessary inpatient hospital treatment, including professional and ancillary services, for members who have exhausted their 30-day health plan inpatient benefit for the benefit year. Authorization is granted through the Healthy Families Hospitalization Notification procedure as described in Section 9.5.

3.4.3 Authorization for Psychiatric Inpatient Services

When a member is referred to a Healthy Families-contracted psychiatric inpatient provider and requires inpatient psychiatric treatment, the hospital **must** contact the member's health plan to obtain treatment authorization for health plan-covered services and ***to determine whether the member has exhausted his/her 30-day psychiatric inpatient hospital health plan benefit.***

If the member's inpatient benefit has been exhausted, it is important that the member be admitted only to a psychiatric hospital that is contracted with the County to provide inpatient services for Healthy Families members. A list of psychiatric inpatient hospitals participating in the Healthy Families program can be found in **Addendum F** of this manual.

3.4.4 Providing Inpatient Services to Members who have exhausted the 30-day Health Plan-Covered Benefit

If, in the course of a psychiatric hospitalization, a Healthy Families member exhausts his/her health plan 30-day inpatient psychiatric care benefit, the health plan will notify the LACDMH and the contracted Healthy Families hospital provider that responsibility for care is to be transferred from the health plan to the County of Los Angeles.

Early notification that a member will soon be exhausting his/her 30-day benefit is essential for a smooth transition from health plan to County coverage. This is especially important if the member exhausts their 30-day inpatient benefit while admitted to a hospital without a County contract, as it may be necessary to transport the member to a different hospital. To avoid disruption of services, it is important that the health plan and hospital be proactive in communicating to the Healthy Families Unit that the member

is within 5 days of exhausting his or her inpatient benefit. Attempts will be made to ensure that the member is placed in a hospital with a County contract prior to the member exhausting his/her health-plan covered benefit.

4. REFERRAL RESPONSE FROM DEPARTMENT PROVIDERS TO HEALTH PLANS

In response to a Healthy Families referral, a Department provider will assess the member and diagnose his/her mental health status. The Department provider will determine: (1) if the member meets the SED criteria, or (2) if the member requires health plan covered Basic Benefit treatment, or (3) if the member needs no treatment at all.

In the first two cases, the Department provider will develop a service plan for treatment based on medical necessity (See Sections 4.1 or 4.2).

The Department provider will fax or mail a completed Healthy Families Mental Health Response Form to the health plan. On the form, the provider should include:

- A diagnosis.
- A determination as to whether or not the member qualifies for SED services.
- Supporting information.
- Treatment disposition.

Clinical impressions and the treatment disposition should be written in the Additional Comments section of the Mental Health Response form.

The Department provider will notify the health plan that the assessment has been performed by faxing the Mental Health Response Form to the health plan.

The Department provider will inform the PCP and the health plan if the member does not come for the initial assessment, or stops treatment against recommendation by notation in the "Additional Comments" section of the Healthy Families Mental Health Response Form.

4.1 If the Member is SED

The Department provider will:

- (1) Complete the Healthy Families Mental Health Response Form indicating that the member meets SED criteria.
- (2) Fax the completed Healthy Families Mental Health Response Form to the PCP and/or to the health plan to inform them that the member will be treated in a County program.
- (3) Open a chart according to standard procedures.

(4) Provide treatment services.

(5) The Department provider will enter units of services into the IS system through the Medi-Cal reporting unit.

4.2 If the Member Needs No Mental Health Treatment

If a member referred to a Department provider is assessed to need no treatment, the Department provider will notify the health plan or the PCP and fax a completed Healthy Families Mental Health Response Form to them to document the assessment outcome.

4.3 LACDMH Clients Who Become Healthy Families Members

If a member is already being treated by a Department provider and he/she then enrolls in Healthy Families, the member will need to be assessed to determine if he/she meets SED criteria.

If the member does not qualify as SED, the member will usually need to change to a health plan provider if treatment is covered by the Basic Benefit coverage of the member's health plan. If a member requires short-term treatment under Basic Benefit coverage, the Department provider must refer the member back to their health plan.

If the member is SED, the Department provider can continue to provide services, but must notify the health plan that services are being provided by faxing a completed SED assessment to the health plan. A member who is SED and being seen under AB 3632 does not necessarily require a change in funding to the Healthy Families Program.

5. DEPARTMENT PROVIDER REFERRAL FOR ALCOHOL AND OTHER DRUG TREATMENT SERVICES

5.1 SED Clients

All health plans will provide outpatient drug and alcohol treatment through their own network of outpatient providers. The health plan may direct the member to contact the PCP to make the actual referral.

5.2 Inpatient Detoxification Services

Authorization for inpatient detoxification services is determined by the health plan based on the medical necessity to remove a toxic substance from the body. Hospitalization must be in a hospital in the health plan's network of providers.

6. PRESCRIPTIONS AND LABORATORY SERVICES

6.1 All SED Clients: PATS and Unilab

For members who are SED, the outpatient medication and laboratory services are the responsibility of the LACDMH. Department providers will utilize the Prescription Authorization and Tracking System (PATS) to obtain medication for Healthy Families members who are SED, and refer members to a LACDMH-contracted pharmacy to have their prescriptions filled. For laboratory work, Department providers are to refer SED members to the County-contracted service, Unilab.

7. URGENT AND EMERGENCY CARE FOR HEALTHY FAMILIES MEMBERS

7.1 Urgent and Emergent Services by Outpatient Providers

Department outpatient providers are to have procedures in place to respond to urgent/crisis situations whether they occur during or outside normal business hours. Providers will inform the Healthy Families members whom they treat of these procedures.

The Department provider will provide urgent care for members for whom they are providing SED treatment.

7.2 Hospitalization Procedures

A member's health plan is responsible for 30 days of psychiatric hospitalization each benefit year.

The LACDMH is responsible for the psychiatric hospitalization of a member who needs medically necessary, acute psychiatric hospitalization after the exhaustion of the 30-day psychiatric inpatient benefit provided by the participating health plans.

The County is not responsible for hospitalization of a member for detoxification.

When a Department provider believes that a member requires hospitalization, the Department provider will assist the member, according to best practices and procedures, to obtain an evaluation at a psychiatric hospital which serves the member's health plan.

It is the psychiatric hospital that will decide whether hospitalization is necessary, and which must call the member's health plan for authorization.

The admitting hospital is responsible for contacting the health plan for authorization; referral by a Department provider is not authorization. The health plan **must** notify the LACDMH Healthy Families Unit when members are hospitalized.

7.3 Hospitalization and SED Assessment

Whenever a Healthy Families member is hospitalized, it is the responsibility of their health plan to notify the LACDMH Healthy Families Unit by telephone and to request an SED assessment if one has not been done within the previous year.

A member will be referred for assessment while hospitalized to facilitate discharge planning and linkage to appropriate services upon discharge.

Members referred for assessment during inpatient care will be seen within five working days of referral.

The Healthy Families Unit will notify the member or their parent or guardian, and the health plan of the results of the SED assessment.

7.4 Health Plan Notification to LACDMH When a Member's Hospitalization Benefit is Exhausted

The health plan is asked to keep the Healthy Families Unit informed on an on-going basis of a member's hospitalization and progress. In order to plan for their transition from health plan funding to County funding of their hospitalizations, the Healthy Families Unit should be kept informed of members who require multiple, repeated or lengthy hospitalizations which use a substantial number of the allotted 30 day annual benefit. ***At a minimum, the health plan is asked to notify the Healthy Families Unit when the member has at least five inpatient benefit days remaining.*** The health plan should notify the Healthy Families Unit by telephone and fax a current clinical assessment to the Unit. The assessment should include:

- a) The presenting problem.
- b) Psychiatric and medical history.
- c) Psychosocial and substance abuse history.
- d) Medications prescribed.
- e) Diagnosis and prognosis.
- f) Goals of treatment.

- g) Description of past services and of family involvement.
- h) Anticipated length of stay.
- i) Discharge plan.

After reviewing the member's treatment history, the Healthy Families Unit will, as appropriate, either provide continued hospitalization through County funding or work with the health plan to arrange discharge with outpatient mental health services to follow.

7.5 Substitution of Non-Inpatient Benefits for Inpatient Benefits

The health plan, after consultation with the client/client's parents and the DMH, may determine when it is appropriate to substitute outpatient care for inpatient care. To obtain DMH consultation, the health plan will fax a current assessment of the member (including the elements listed as items [a] through [I] in Section 7.4) to the Healthy Families Unit.

The health plan representative will document the decision reached by completing and signing the Inpatient Care Substitution Record (Addendum K) and will forward it to the Healthy Families Unit for signature. Upon receipt, the Healthy Families Unit representative will sign the agreement and send a copy back to the health plan.

7.6 PMRT and ACCESS Line

The Department provider is asked to inform Healthy Families members about the LACDMH ACCESS number, (800) 854-7771, and its use.

In an emergency, parents may call the ACCESS Line to request assistance. Dependent upon the circumstances, ACCESS may help the parent obtain the intervention of:

- A Psychiatric Mobile Response Team (PMRT).
- Police-LACDMH response teams (SMART / MET).
- Staff who may direct the family elsewhere to obtain assistance.

If PMRT, SMART or MET respond, the parent(s) or the health plan may be liable for the incurred expense, dependent upon the terms of their health plan coverage. If the parents of a member call a Department provider for crisis assistance, it is anticipated that the Department provider will assist them.

8. CLINICAL RECORDS AND IS DATA ENTRY

8.1 Clinical Records for Outpatient SED Clients

The Department provider must document on the Healthy Families Mental Health Response Form that a member has met SED criteria.

Per standard County procedures, Department providers are to open charts and to use the standard County forms for keeping clinical records.

All Healthy Families members found to be SED will be assigned IS numbers in the usual way.

8.2 Data Entry for Outpatient SED Clients

For Healthy Families members who are SED, the standard procedures by which data is entered into the IS has been modified in several ways. Please consult the most recent version of the IS Training Manual for further clarification.

8.3 Consent to Release Information

The Department provider will obtain signed consent from the parent, emancipated youth, or adult member to release information to the health plan, to allow release of information, and to facilitate ongoing collaboration with the PCP and the health plan.

A parent's refusal to consent to release information to the PCP or to the health plan should not stop a Department provider from providing services to a member. However, the Department provider is to educate the member/parent about the importance and the need to exchange information with the PCP and/or the health plan, and work toward obtaining written consent.

8.4 Clinical Records for Hospitalized Clients

For Healthy Families members, hospitals are to follow the standard Medi-Cal and LACDMH standards and procedures for records, except when directed otherwise.

8.5 Data Submission for Hospitalized Clients

- 1) An episode for the hospitalization of a Healthy Families member who has been hospitalized under health plan Basic Benefit coverage will **not** be opened in the LACDMH IS system.

- 2) The procedure for claim reimbursement is determined by the health plan in which a member is enrolled, as explained in Section 9.

9. FINANCIAL GUIDELINES

9.1 Responsibility for the Cost of Assessment

An assessment requested by a health plan to determine **if a member requires Basic Benefit services** (health plan covered treatment) is the financial responsibility of the health plan unless the member meets criteria as SED. Any assessment that concludes that the member meets SED criteria is the financial responsibility of the County.

An assessment requested by a health plan to determine **if a member meets SED criteria** is the financial responsibility of the County.

9.2 No UMDAP Requirement

Healthy Families members are not subject to the UMDAP requirement.

Therefore, sections 19 thru 23 on the Payor Financial Information form (**see Addendum H**) are not to be completed but should be filled in as N/A (Not Applicable). All other spaces on the form should be filled in, as appropriate or by N/A, in order to avoid audit exceptions. The form must be signed at the bottom.

9.3 Co-Payments

- Healthy Families members receive SED assessment and SED treatment without a co-payment.
- There are no co-payments for most inpatient services, except for emergency room visits for which there is a \$5.00 co-payment.

9.4 Starting Date for Coverage

Only services provided after the date of enrollment in the health plan are reimbursable through Healthy Families.

9.4.1 Claims for SED Treatment Services

For Healthy Families members assessed to be SED, the Department provider will enter units of service into their Medi-Cal reporting unit using existing codes. For claims to be properly processed, treatment episodes must be correctly

opened as a Healthy Families case in the Department's IS. Providers can access an IS training guide for billing on <http://dmh.lacounty.info/hipaa/index.html>.

9.5 Claiming Procedures for Psychiatric Inpatient Services

Claims for psychiatric inpatient services for Healthy Families members fall into two categories, each having its own claiming procedure:

1. For Healthy Families members whose hospitalization is covered by their health plan annual (July 1st – June 30th) 30-day inpatient psychiatric care benefit, a claim for authorized inpatient services is submitted according to the following procedure:

All Healthy Families health plans provide inpatient psychiatric services covered under the 30-day benefit through their own network of inpatient providers. Any psychiatric inpatient provider that seeks to provide inpatient services to a member of one of these plans ***must contact that health plan for authorization and for instructions as to the submission of claims.*** If a psychiatric inpatient provider submits a claim to LACDMH that should have been submitted directly to a health plan, LACDMH will return the claim to the provider.

An episode for hospitalization under Basic Benefit coverage is **not** opened in the LAC DMH's IS system for health plan members who have been hospitalized under health plan coverage.

2. If the 30-day benefit is exhausted and the member needs acute psychiatric hospitalization that meets medical necessity criteria, the County is responsible and the claim must be submitted in accord with the Treatment Authorization Request (TAR) procedure in Section 9.5

9.6 Claim Procedure for County Covered Hospitalization

The LACDMH **can only** reimburse the inpatient psychiatric care of Healthy Families members hospitalized in psychiatric hospitals contracted with the LACDMH to participate in the Healthy Families Program (***See Addendum F for a list of contracted hospitals. The status of the contract should be verified prior to admission.***).

A psychiatric hospital provider participating in the Healthy Families Program will submit claims for reimbursement by the following procedure:

1. If a Healthy Families member has exhausted his/her 30-day inpatient psychiatric care benefit, it is the responsibility of the hospital to determine if he/she requires inpatient psychiatric care beyond this health plan coverage limit. This decision is based on the documentation of medical necessity and using the standard procedures already in place for the psychiatric hospitalization of Fee-for-Service Medi-Cal beneficiaries in Los Angeles County.
2. If the contracted hospital deems that the Healthy Families member meets the medical necessity criteria, the hospital **must document** medical necessity for each and every day the member is hospitalized per the standard procedures for Fee-for-Service Medi-Cal beneficiaries as explicated in the LMHP Provider Handbook.
3. To obtain reimbursement for services rendered for which the County is responsible, the contracted Healthy Families hospital provider is required to complete a **Healthy Families Unit Hospitalization Notification Form**.

Following the standard procedure, the completed **Healthy Families Unit Hospitalization Notification Form**, together with the required documentation of medical necessity for each and every day of hospitalization. Typically, this would include a copy of the complete record. This documentation must be sent within 14 days of patient discharge from hospital to the:

**Los Angeles County Department of Mental Health
Healthy Families Unit
600 S. Commonwealth Ave., 2nd Floor
Los Angeles, CA 90005**

4. If questions arise concerning claim submission for the Healthy Families Program, contact the Healthy Families Unit at (213) 739-2302 for consultation at the earliest possible opportunity.

9.7 Claiming Procedures For County-Covered Inpatient Professional Services

For professionals who are not reimbursed by the hospital but must submit a claim to LACDMH for providing psychiatric inpatient services, it is the responsibility of the professional to verify with the hospital whether the health plan or the County is responsible for the treatment sessions provided. The professional may consult with the Department's Healthy Families Unit if questions arise.

Claims for psychiatric inpatient services for Healthy Families members fall into two categories, each having their own distinct claiming procedure:

1. For Healthy Families members whose hospitalization is covered by their health plan annual (July 1st – June 30th) 30-day inpatient psychiatric care benefit, a claim for authorized inpatient services is submitted directly to the health plan.
2. If the 30-day health plan benefit is exhausted and the member needs acute psychiatric hospitalization which meets medical necessity, the County is responsible and the claim must be submitted to the Healthy Families Unit.

When a member is referred to a Healthy Families-contracted psychiatric inpatient provider and requires inpatient psychiatric treatment, the hospital **must** contact the member's health plan to obtain treatment authorization for health plan-covered services and to determine whether the member has exhausted his/her 30-day psychiatric inpatient hospital health plan benefit.

10. DISPUTE RESOLUTION PROCESS

The dispute resolution process is intended to resolve disagreements that arise between a health plan and Department providers regarding a member's diagnosis and treatment.

The process is intended to resolve disagreements between the health plan and the Department provider within 30 days of the notification.

The process does not prevent a member from filing a grievance against either the health plan or the Department provider by the procedures established by each.

When disagreements arise Department providers are encouraged to contact the Healthy Families Unit for assistance at the earliest possible opportunity.

10.1 The Resolution Process

When a health plan and a Department provider do not agree on whether a health plan member meets WIC criteria as SED, either party may call for a review of the findings.

The health plan case manager and the Department provider's clinician will conference within five working days of notification to resolve the issue.

If the issue is not resolved, the health plan case management supervisor and the Department provider's program manager will confer within five working days of notification to review the findings and resolve the issue.

If the issue is not resolved, then either party may contact the Healthy Families Unit to request assistance. The Unit Coordinator will meet with the health plan's representative and the Department provider's representative within five working days of notification to resolve the issue.

If the issue is not resolved, the Medical Director of the health plan and the Medical Director of the LACDMH's Children System of Care will confer within five working days of notification of the dispute.

10.2 Documenting the Process

The participants of a meeting will document, in summary, the topics discussed and the conclusions reached. They will each sign the summary and retain a copy for their records.

If the issue is not resolved and a review by the next level is requested, a copy of the summary will be sent to the representatives at the next level for review prior to their meeting.

The health plan and the Department provider may contact the member and request that the member undergo further evaluation, with the parent's consent, to help resolve the issue.

11. HEALTHY FAMILIES COLLABORATION

The Department provider and the Healthy Families primary care provider will collaborate and share information as necessary to ensure appropriate treatment for the health and mental health of the member. As stated in the referral procedures, the agencies will secure consent to exchange information.

12. DEPARTMENT PROVIDER REFERRAL FOR PHYSICAL HEALTH PROBLEMS

If a Department provider becomes aware of, or suspects that, a member may have an undiagnosed or untreated health problem, the Department provider will inform the parent of the concern and refer the member to their primary care provider for care. It is recommended that the Department provider provide a brief written description of the problem for the primary care provider. The Department provider should document the referral in the member's clinical chart.

13. DEFINITIONS AND ACRONYMS

Basic Benefit Services

Health plan-covered mental health treatment, for disorders amenable to short-term intervention, and substance abuse treatment. This includes 30 days of inpatient mental health care per year including professional and ancillary services.

CAA = Certified Application Assistant

CGF = County General Funds

DMH = Department of Mental Health

Department Provider = LAC DMH directly operated or contracted mental health service provider

FFP = Federal Financial Participation

LACDMH = Los Angeles County Department of Mental Health

IS = Integrated System

MOU = Memorandum of Understanding

PATS = Prescription Authorization Tracking System

PCP = Primary Care Provider--Physician who manages all services a member receives

POS = Point of Service Device

SED = Seriously Emotionally Disturbed—as defined by the WIC Code 5600.3

SSN = Social Security Number

UOFS = Units of Service

WIC SECTION 5600.3 CRITERIA

The Welfare and Institutions Code Section 5600.3 defines Seriously Emotionally Disturbed (SED) as a minor under the age of 18 years who has a mental disorder as identified in the most recent edition of the Diagnostic and Statistical Manual of the Mental Disorders, other than a primary substance use disorder, or developmental disorder, which results in behavior inappropriate to the child's age according to expected developmental norms. Members of this target population shall meet one or more of criteria A, B, or C:

A. As a result of the mental disorder the child has substantial impairment in at least two of the following areas:

- Self care
- Family relationships
- School functioning
- The ability to function in the community

and either the child is at risk of removal from home or has already been removed from the home, **or** the mental disorder and impairments have been present for more than six months or likely to continue for more than one year without treatment.

B. The child displays one of the following:

- Psychotic features
- Risk of suicide or
- Risk of violence to others due to a mental disorder.

C. The child meets special education eligibility requirements under Chapter 26.5 (commencing with Section 7570) of Division 7 of Title 1 of the Government Code.

Exclude Diagnosis

The following diagnoses are excluded from mental health services under WIC SED as a primary diagnoses:

- | | |
|--|-----------------------------------|
| ◆ Mental Retardation | ◆ Sleep Disorders |
| ◆ Sexual Dysfunctions | ◆ Communication Disorders |
| ◆ Learning Disorder | ◆ Autistic Disorders |
| ◆ Motor Skills Disorders | ◆ Tic Disorders |
| ◆ Antisocial Personality Disorder | ◆ Substance Use Related Disorders |
| ◆ Delirium, Dementia, and Amnestic and Other Cognitive Disorders | |
| ◆ Mental Disorders Due to a General Medical Condition | |

HEALTHY FAMILIES PROGRAM REFERRAL FORM

Enrollee's Name: _____ DOB: _____
SSN/Healthy Families Plan Membership #: _____ County Identifier #: _____
Parent/Guardian Name: _____ Phone: _____
Address: _____ County: _____
Enrollee's Primary Language: _____
Guardian/Caretaker's Primary Language: _____

Enrollee's Healthy Families Health Plan: _____ Date: _____
Referring Party: _____ Phone: _____ FAX: _____
☐ Designated Health Plan (HP) Representative (e.g., Care Coordinator, Case Manager, etc.)
☐ HP Primary Care Provider ☐ HP Mental Health Provider ☐ HP Alcohol & Other Drug (AOD) Service provider
Address: _____ FAX: _____
Enrollee's Primary Care Physician (if known): _____ Phone: _____
Address: _____ FAX: _____

Enrollee's known/suspected Mental Health **Diagnosis** (if any): _____

Does this Enrollee also have a known/suspected Alcohol & Other Drug Abuse Diagnosis? ☐ Yes ☐ No
If "Yes," list known/suspected AOD Diagnosis: _____

Enrollee's known/suspected Medical Diagnosis (if any): _____

Enrollee's current medications (if any): _____

Date of Enrollee's last WELL CHILD EXAM (if known): _____
Is the Enrollee currently receiving In-patient Psychiatric Services? ☐ Yes ☐ No

Directions for Los Angeles County

The referring health plan or primary care provider (PCP) is to choose from one of the three options provided above and mark the applicable choice. The health plan or the PCP is asked to assist the member in arranging an appointment with a mental health provider, and to then fax this form or send this form with the parents of the member to the mental health provider.

Reason(s) for Referral: Indicate the reason(s) you believe the enrollee MAY be qualified for services for children with Severe Emotional Disturbance (SED)

A. As a result of a mental disorder the enrollee has substantial impairment in the following areas:

- ☐ Self-care
- ☐ School functioning
- ☐ Family relationships
- ☐ Ability to function in the community

B. ☐ The enrollee is at risk for removal from his/her home.

☐ The enrollee has been removed from his/her home.

C. ☐ The mental disorder/impairments have been present for six months, or are likely to continue for more than one year without treatment.

D. ☐ The enrollee displays: psychotic-features, risk of suicide, risk of violence due to mental disorder.

Additional comments regarding behavior, symptoms, medical condition, or other relevant information: _____

Signature: _____ Date: _____

THE FOLLOWING INFORMATION WILL FACILITATE A THOROUGH MENTAL HEALTH DEPARTMENT EVALUATION. Please check applicable boxes. Following each statement are examples of specific behaviors that may have initiated this referral. Circle any that apply. This list is not meant to be exhaustive. If you have a question about whether or not to check "Yes," please indicate under the COMMENTS section at the end of the form.

Yes



1. *This child is or may be a danger to him/herself or to others.*

Child may have attempted suicide; made suicidal gestures; expressed suicidal ideation; is assaultive to other children or adults; is reckless and routinely puts self in dangerous situations; attempts to or has sexually assaulted or molested other children; etc.



2. *This child has or may have a history of severe physical or sexual abuse or has been exposed to extreme violent behavior.*

Child's history involves either being subject or witness to extreme physical abuse, domestic violence or sexual abuse, e.g., severe bruising in unusual areas, being forced to watch torture or sexual assault, witness to murder, etc.



3. *This child has or may have behaviors that are so difficult that maintaining him/her in his current living or educational situation is in jeopardy.*

Child may have persistent chaotic, impulsive or disruptive behaviors; may have daily verbal outbursts; refuse to follow basic rules; may constantly challenge authority of adults or attempt to undermine the authority of caregiver with other children; may require constant direction and supervision in all activities, may require total attention of caregiver and be overly jealous of caregiver's other relationships; may be in constant motion which is uncontrolled by medication; may wander the house at night; may be truant from school regularly and not respond to limit-setting or other discipline; etc.



4. *The child exhibits bizarre or unusual behaviors.*

Child may have a history or pattern of fire-setting; may be cruel to animals; may masturbate excessively, compulsively and/or publicly; may appear to hear voices or respond other internal stimuli (including alcohol- or drug-induced); may have repetitive body motions (e.g., head banging) or vocalizations (e.g., echolalia); may have a pattern or smearing feces; etc.



5. *The child has or may have problems with social adjustment.*

Child is regularly involved in physical fights with other children or adults; verbally threatens people; damages possessions of self or others; runs away; is regularly truant from school; steals; regularly lies; is mute; is confined due to serious law violations; does not seem to feel guilt after misbehavior, etc.



6. *This child has or may have problems making and maintaining healthy relationships.*

Child is unable to form positive relationships with peers; may provoke other children to victimize him/her; is involved with gangs or expresses the desire to be; does not form bond with caregiver; etc.



7. *This child has or may have problems with personal care.*

Child eats or drinks substances that are not food; is regularly enuretic during waking hours (subject to age of child); refuses to tend to personal hygiene to an extreme.



8. *This child has or may have significant functional impairment.*

There is no known history of developmental disorder and the child's behavior interferes with his/her ability to learn at school; he/she is significantly delayed in language; is "unsocialized" and incapable of managing basic age-appropriate skills; is selectively mute; etc.



9. *This child has or may have significant problems managing his/her feelings.*

Child has severe temper tantrums; screams uncontrollably; cries inconsolably; has significant and regular nightmares; is withdrawn and uninvolved with others; whines or pouts excessively and regularly; expresses the feeling that others are out to get him/her; worries excessively and is preoccupied compulsively with minor annoyances; regularly expresses feeling worthless or inferior; frequently appears sad or depressed; is constantly restless or overactive; etc.



10. *This child has or may have a history of psychiatric hospitalization, psychiatric care and/or prescribed psychotropic medication.*

Child has a history of psychiatric care, either inpatient or outpatient, or is taking prescribed psychotropic medication.



11. *This child is known to use/abuse alcohol and/or other drugs.*

Child uses alcohol or other drugs.

HEALTHY FAMILIES MENTAL HEALTH RESPONSE FORM

Section 1:

Enrollee's Name: _____ DOB: _____

SSN/Healthy Families Plan Membership #: _____ County Identifier #: _____

Parent/Guardian Name: _____ Phone: _____

Address: _____

Section 2:

Enrollee's Healthy Families Health Plan: _____ Date: _____

Referring Party: _____ Phone: _____ FAX: _____

Address: _____

☐ Designated Health Plan (HP) Representative (e.g., Care Coordinator, Case Manager, etc.)☐ HP Primary Care Provider ☐ HP Mental Health Provider ☐ HP Alcohol & Other Drug (AOD) Service ProviderSection 3:**ENROLLEE ELIGIBILITY**☐ The enrollee meets the criteria for services for children with Severe Emotional Disturbance (W&I Code 5600.3)☐ The enrollee does not meet the criteria for children with Severe Emotional Disturbance (W&I Code 5600.3)**Axis I Diagnosis (REQUIRED):** _____
_____Section 4:**CRITERIA ESTABLISHING ENROLLEE'S ELIGIBILITY FOR SERVICES FOR CHILDREN WITH SEVERE EMOTIONAL DISTURBANCE (SED)**

The enrollee met the criteria in one or more of the following three categories (circle A, B and/or C):

A. As a result of a mental disorder the enrollee has substantial impairment in at least two of the following areas:

- ☐ Self-care
- ☐ School functioning
- ☐ Family relationships
- ☐ Ability to function in the community

And one of the following conditions occur:

- ☐ The enrollee is at risk for removal from his/her home
- ☐ The enrollee has been removed from his/her home
- ☐ The mental disorder/impairments have been present for six months, or are likely to continue for more than one year without treatment

B. The enrollee displays: psychotic features, risk of suicide, risk of violence due to mental disorder.**C.** The child meets special education eligibility requirements under Chapter 26.5 (commencing with Section 7570) of Division 7 of Title 1 of the Government Code.

Section 5:

DISPOSITION
(letters A – D must be completed)

- A. Refer back to Health Plan for basic Mental Health Services Yes No
- B. Refer back to Health Plan for basic Alcohol and Other Drug Services Yes No
- C. County Mental Health Department to provide SED services Yes No
- D. Refer to another service Yes No

If "Yes" list services (s): _____

Additional Comments: _____

Section 6:

Evaluating Clinician Name (printed): _____ Phone: _____

Agency Name: _____

Address: _____

Signature: _____ Date: _____

After assessing the client's treatment needs, a Department provider must follow the appropriate course of action listed below.

All Department providers must refer clients from all other health plans who need Basic Services back to their health plan which will connect the client to a health plan network provider.

Directions for Completing the Healthy Families Mental Health Response Form

This form is to be completed by the mental health professional who sees a Healthy Families member who has been referred for assessment to document the conclusions:

- a) Member does not need intervention services;
- b) Member requires basic mental health services;
- c) Member requires basic alcohol and other drug services
- d) Member is SED and requires SED services from the County.

Section 1:

Mostly self-explanatory. County identifier # -- this will be the MIS number once opened.

Section 2:

Referring party: the person who referred the member for assessment. You should check the descriptor from the four that follow which best describes who the referring party is. In some cases, none of the descriptors will be suitable, in which case do not check anyone.

In case of a parent who brings a child in on their own initiative, fill in the referring party space with the name of the health plan case manager responsible for the case.

Section 3:

Choose one and check either that the child is SED or is not SED. Write in the diagnosis from the most recent edition of the Diagnostic and Statistical Manual.

Section 4:

If the member meets SED criteria, circle the correct category (A, B and/or C). In the Category 'A' place check marks next to the appropriate areas.

Section 5/Disposition box:

Choose and circle "Yes" for one of the four choices (A, B, C, or D). Under additional comments emphasize any information you believe is important to underscore with regard to disposition. If the member has both a mental health and alcohol or other drug problem, state that here.

If client has both a mental health and alcohol or other drug problem, choose the one which is primary to guide your choice

If the member requires referral to some other services, such as Regional Center, state that clearly here.

Section 6:

Evaluator is to give their name, address, phone number, etc. and sign.

Send completed form to the health plan, the primary care provider and the mental health provider. Follow the directions at the bottom of the page.

DMH OUTPATIENT PROVIDER LIST

HEALTHY FAMILIES PROGRAM

Provider Number	Facility Name	Hours of Operation
SERVICE AREA 1: ANTELOPE VALLEY: ACTON, DESERT VIEW HIGHLAND, GORMAN, LAKE LOS ANGELES, LANCASTER, LITTLE ROCK, PALMDALE AND QUARTS HILL		
7455	Penny Lane Center 190 Sierra Court, Unit C-8 Palmdale, CA 93550 (661) 266-4783 FAX: (661) 266-1210	Monday – Thursday 8:00 a.m. – 8:00 p.m. Friday 8:00 a.m. – 5:00 p.m. Spanish
7225	Valley Child Guidance Clinic 310 E. Palmdale Blvd., Suite G Palmdale, CA 93550 (661) 265-8627 FAX: (661) 265-7936	Monday – Thursday 8:30 a.m. – 8:00 p.m. Friday: 8:30 a.m. – 5:00 p.m. Spanish, Korean, Filipino
7491	Valley Child Guidance Clinic 1669 West Avenue J #202 Lancaster, CA 93534 (661) 942-7552 FAX: (661) 942-7115	Monday – Thursday 8:30 a.m. – 8:00 p.m. Friday: 8:00 a.m. – 5:00 p.m. Spanish
7531A	Tarzana Treatment Center 44447 North 10 th St. Lancaster, CA 93534 (661) 726-2630 FAX: (661) 952-1172	Monday – Friday 8:00 a.m. – 5:00 p.m. Spanish
SERVICE AREA 2: SAN FERNANDO VALLEY: AGOURA HILLS, BURBANK, CALABASAS, CANOGA PARK, GLENDALE, HIDDEN HILLS, LOS ANGELES (PART), LA CANADA-FLINTRIDGE, MISSION HILLS, NORTH HOLLYWOOD, SAN FERNANDO, SANTA CLARITA VALLEY, VAN NUYS AND WESTLAKE VILLAGE		
7362	Asian Pacific San Fernando Valley Center 5900 Sepulveda Blvd., #425 Van Nuys, CA 91411 (818) 267-1100 FAX: (818) 267-1199	Monday – Friday 9:00 a.m. – 5:00 p.m. Spanish, Korean, Cambodian, Vietnamese,
7354	Central Valley Youth and Family Services 14624 Sherman Way, #508 Van Nuys, CA 91405 (818) 908-4990 FAX: (818) 997-3138	Monday – Thursday 9:00 a.m. – 7:00 p.m. Friday 8:30 a.m. – 5:30 p.m. Spanish, Russian
7479A	Child & Family Center 21545 Centre Pointe Parkway – Main HQ Santa Clarita, CA 91350 (661) 259-9439 FAX: (661) 259-9658	Monday – Friday 8:00 a.m. – 8:00 p.m. Spanish
1975	Child and Family Guidance Center 9650 Zelzah Avenue Northridge, CA 91325 (818) 993-9311 FAX: (818) 993-8206	Monday – Thursday 8:00 a.m. – 8:00 p.m. Friday 8:00 a.m. – 5:00 p.m. Spanish, Mandarin, Chinese, Korean, Filipino, Vietnamese, Hebrew, French, German, Armenian, Arabic

Provider Number	Facility Name	Hours of Operation
7102A	Dubnoff Center for Child Development 10526 Dubnoff Way North Hollywood, CA 91606 (818) 755-4950 FAX: (818) 752-0783	Monday – Friday 8:00 a.m. – 8:00 p.m. Spanish, Russian, Polish, Armenian
7371B	El Centro de Amistad 566 S. Brand Blvd. San Fernando, CA 91340 (818) 898-0223 FAX: (818) 361-5384	Monday – Friday 8:30 a.m. – 5:00 p.m. Spanish
7050	El Centro de Amistad 6800 Owensmouth Avenue, Suite 310 Canoga Park, CA 91303 (818) 347-8565 FAX: (818) 347-0506	Monday – Friday 8:30 a.m. – 5:00 p.m. Spanish
7247	Family Stress Center 16861 Parthenia Street North Hills, CA 91343 (818) 830-0200 FAX: (818) 830-0206	Monday – Friday 8:30 a.m. – 7:00 p.m. Saturday 9:00 a.m. – 3:00 p.m. Spanish
7193	Glen Roberts Children's Study Center 1540 East Colorado Street Glendale, CA 91205 (818) 244-7257 FAX: (818) 243-5413	Monday – Friday 9:00 a.m. – 8:00 p.m. Saturday 9:00 a.m. – 2:00 p.m. Spanish, Armenian
7006	Hathaway-Sycamores Children & Family Services 12450 Van Nuys Blvd., #100 Pacoima, CA 91331 (818) 896-8366 FAX: (818) 896-8392	Monday 11:00 a.m. – 6:00 p.m. Tuesday & Thursday 11:00 a.m. – 7:00 p.m. Wednesday 12:00 a.m. – 8:00 p.m. Friday 8:00 a.m. – 4:00 p.m. Spanish
7624	The HELP Group (L.A. Center for Therapy & Education) 15339 Saticoy Street Van Nuys, CA 91406 (818) 267-2646 FAX: (818) 267-2691	Monday – Friday 9:00 a.m. – 7:00 p.m. Saturday – Psychiatry only 9:00 a.m. – 4:00 p.m. Spanish, Russian, Armenian
7529	New Horizons Family Center 1251 S. Glendale Avenue Glendale, CA 91205 (818) 549-2250 FAX: (818) 545-7613	Monday – Thursday 8:30 a.m. – 9:00 p.m. Friday – Saturday 8:30 a.m. – 5:00 p.m. Spanish, Armenian, Farsi, Korean
7485P	North Valley Youth & Family Center 11565 Laurel Canyon Suite #116 Mission Hills, CA 91340 (818) 361-5030 FAX: (818) 365-7707/(818) 361-1764	Monday – Thursday 8:00 a.m. – 7:00 p.m. Friday 8:00 a.m. – 5:30 p.m. Spanish, Vietnamese, Farsi

Provider Number	Facility Name	Hours of Operation
7378	Pacific Asian Counseling Services 6851 Lennox Avenue Suite #400 Van Nuys, CA 91405 (818) 989-9214 FAX: (818) 989-9217	Monday – Friday 9:00 a.m. – 6:00 p.m. Khmer, Japanese, Creole-French, Tagalog
6863	Penny Lane Center 15317 Rayen Street North Hills, CA 91343 (818) 892-3423 FAX: (818) 893-4509	Monday – Friday 8:00 a.m. – 5:00 p.m. Spanish, Chinese, Korean, Filipino, French, German, Arabic, Italian, Thai, Persian/Farsi
7356A	Phoenix House 11600 Eldridge Ave. Lake View Terrace, CA 91342 (818) 686-3000 FAX: (818) 896-4232	Monday – Friday 8:00 a.m. – 5:00 p.m. Residential Facility for treatment of Co- Occurring Disorders, Ages 13.5 – 17.5 Spanish
6840	San Fernando Mental Health Center 10605 Balboa Blvd. #100 Granada Hills, CA 91344 (818) 832-2400 FAX: (818) 832-2567	Monday – Friday 8:00 a.m. – 5:00 p.m. Spanish, Armenian, Vietnamese, Farsi Adults - Yes
7355	San Fernando Valley Community Mental Health Center – Youth Contract - School Based Services 14550 Sherman Way Van Nuys, CA 91405 (818) 901-4879 FAX: (818) 997-1370	Monday – Thursday 9:00 a.m. – 7:00 p.m. Friday 8:30 a.m. – 5:30 p.m. Spanish
7185	Stirling Behavioral Health Institute 31824 Village Center Rd. Suite E Westlake Village, CA 91361 (818) 991-1063 FAX: (818) 991-1064	Monday – Friday 9:00 a.m. – 5:00 p.m. Farsi, German, Spanish, Hebrew, Chinese, Korean
7481	Stirling Behavioral Health Institute 6931 Van Nuys Blvd. Ste 102 Van Nuys, CA 91405 (818) 376-0134 FAX: (818) 376-1437	Monday – Friday 8:30 a.m. – 5:00 p.m. Spanish, Farsi, Armenian
7564A	The Village Family Services 6736 Laurel Canyon Suite 200 North Hollywood, CA 91606 (818) 755-8786 FAX: (818) 755-8789	Monday – Friday 8:30 a.m. – 8:00 p.m. Saturday 9:00 a.m. – 1:00 p.m. Spanish
7340	Valley Coordinated Children's Services 19231 Victory Blvd., Suite #110 Reseda, CA 91335 (818) 708-4500 FAX: (818) 654-1956	Monday – Friday 8:00 a.m. – 6:30 p.m. Spanish, Hebrew, French, Armenian, Italian, Persian/Farsi, Bengali

Provider Number	Facility Name	Hours of Operation
SERVICE AREA 3: SAN GABRIEL VALLEY: ALHAMBRA, ARCADIA, AZUSA, BALDWIN PARK, BRADBURY, CLAREMONT, COVINA, DIAMOND BAR, DUARTE, EL MONTE, GLENDORA, INDUSTRY, IRWINDALE, LA PUENTE, LAVERNE, MONROVIA, MONTEREY PARK, PASADENA, POMONA, ROSEMEAD, SAN GABRIEL, SIERRA MADRE, SOUTH EL MONTE, SOUTH PASADENA, TEMPLE CITY, WALNUT AND WEST COVINA		
7368S 7184 7708	Almansor Center 205 Pasadena Avenue South Pasadena, CA 91030 (323) 344-5536 FAX: (323) 344-5550	Monday – Friday 8:00 a.m. – 5:00 p.m. Spanish, Mandarin, Taosan, Cantonese, Chinese, Vietnamese
7101	Asian Pacific Family Center (Pacific Clinics) 9353 E. Valley Blvd. Rosemead, CA 91770-1934 (626) 287-2988 FAX: (626) 287-1937	Monday, Wednesday, Friday 9:00 a.m. – 5:00 p.m. Tuesday, Thursday 9:00 a.m. – 8:00 p.m. Mandarin, Cantonese, Vietnamese, Korean, Cambodian, Chiu Chou, Taiwanese
7258	ENKI Youth and Family Services 535 S. Second Avenue Covina, CA 91723 (626) 974-0770 FAX: (626) 974-0774 Call Center: (866) 227-1302	Monday 9:00 a.m. – 7:00 p.m. Tuesday, Wednesday & Thursday 9:00 a.m. – 6:00 p.m. Friday 8:00 a.m. – 5:00 p.m. Spanish, Mandarin, Arabic
7452	ENKI Youth and Family Services 3208 Rosemead Blvd., Suite 100 El Monte, CA 91731 (626) 227-7001 FAX: (626) 227-7002 Call Center: (866) 227-1302	Monday 9:00 a.m. – 6:00 p.m. Tuesday – Thursday 9:00 a.m. – 7:00 p.m. Friday 8:00 a.m. – 5:00 p.m. Spanish, Chinese
7330A	Foothill Family Services 2500 E. Foothill Blvd. Pasadena, CA 91107 (626) 564-1613 FAX: (626) 564-1651	Monday – Friday 9:00 a.m. – 5:30 p.m. Spanish, Armenian, Cambodian, Mandarin, Vietnamese, Korean
7331A	Foothill Family Services 1215 W. Covina Parkway West Covina, CA 91790 (626) 338-9200 FAX: (626) 856-1560	Monday – Thursday 8:00 a.m. – 9:00 p.m. Friday 8:00 a.m. – 5:00 p.m. Spanish, Armenian, Cambodian, Mandarin, Vietnamese, Korean
7231A and 7332A	Hillsides 940 Avenue 64 Pasadena, CA 91105 323-254-2274 FAX: (323) 254-9087	Monday – Friday 8:30 a.m. – 8:00 p.m. Spanish
7418	Pacific Clinics 2550 Foothill Blvd. Pasadena, CA 91107 (626) 744-5230 FAX: (626) 744-5242 Intake: (877) 722-2737	Monday - Friday 9:00 a.m. – 5:00 p.m. Spanish

Provider Number	Facility Name	Hours of Operation
7197	Pacific Clinics 70 N. Hudson Avenue Pasadena, CA 91101 (626) 795-8471 FAX: (626) 449-4925 Intake: (877) 722-2737	Monday – Thursday 8:30 a.m. – 6:30 p.m. Friday 8:30 a.m. – 5:00 p.m. Spanish
1979	Pacific Clinics 902 S. Myrtle Avenue, 2 nd Floor Monrovia, CA 91016 (626) 357-3258 FAX: (626) 301-0868 Intake: (877) 722-2737	Monday, Wednesday and Thursday 9:00 a.m. – 8:00 p.m. Tuesday 9:00 a.m. – 6:00 p.m. Friday 9:00 a.m. – 5:00 p.m. Spanish
7380	Pacific Clinics Sierra Family Center 1160 S. Grand Avenue Glendora, CA 91740-5000 (626) 335-5980 FAX: (626) 335-5989 Intake: (877) 722-2737	Monday, Friday 8:00 a.m. – 5:00 p.m. Tuesday, Wednesday, Thursday 8:00 a.m. – 8:00 p.m. Spanish
SERVICE AREA 4: METROPOLITAN LOS ANGELES: BOYLE HEIGHTS, ECHO PARK, HIGHLAND PARK, LINCOLN HEIGHTS, LOS FELIZ, PICO UNION, SILVER LAKE, SKID ROW, HANCOCK PARK, HOLLYWOOD, WEST HOLLYWOOD AND WILSHIRE		
7186	Asian Pacific Counseling & Treatment Center 520 S. Lafayette Park Place, Suite #300 Los Angeles, CA 90057 (213) 252-2100 FAX: (213) 252-2199	Monday – Friday 9:00 a.m. – 5:00 p.m. Filipino, Mandarin, Korean, Japanese, Cantonese
7187	Asian Pacific Indochinese Center 605 West Olympic Blvd., #550 Los Angeles, CA 90015 (213) 553-1850 FAX: (213) 553-1864	Monday – Friday 9:00 a.m. – 5:00 p.m. After hours: By appointment only Cambodian, Thai, Mandarin, Japanese, Korean, Lao
7221	Aviva Community Mental Health Services 3701 Wilshire Blvd., Suite #900 Los Angeles, CA 90010 (213) 637-5000 FAX: (213) 637-5001	Monday – Thursday 9:00 a.m. – 6:00 p.m. Friday 9:00 a.m. – 5:00 p.m. Spanish
7300	Children's Bureau of Southern California 3910 Oakwood Avenue Los Angeles, CA 90004 (323) 953-7356 FAX: (323) 661-7306	Monday – Friday 8:30 a.m. – 5:00 p.m. Spanish
1989	Children's Hospital Los Angeles 5000 Sunset Blvd., 7 th Floor Los Angeles, CA 90027 (323) 669-2350 FAX: (323) 671-3843	Monday – Friday 8:00 a.m. – 5:00 p.m. Spanish Adults - Yes
7328	Children's Institute International Center 711 S. New Hampshire Ave Los Angeles, CA 90005 (213) 385-5100 FAX: (213) 807-1990	Monday – Friday 8:00 a.m. – 5:00 p.m. Saturday 9:00 a.m. – 4:00 p.m. Spanish, Korean

Provider Number	Facility Name	Hours of Operation
7104	Community Counseling Services Amanecer 1200 Wilshire Blvd., Suite #100 Los Angeles, CA 90017 (213) 482-9400 FAX: (213) 481-1023	Monday – Thursday 8:30 a.m. – 7:30 p.m. Friday 8:00 a.m. – 7:00 p.m. Spanish
7582	Eisner Pediatric & Family Center 1500 S. Olive Street Los Angeles, CA 90015 (213) 746-5582 FAX: (213) 746-9379	Monday – Friday 8:00 a.m. – 5:00 p.m. Spanish
1982	Gateways Hospital/Mental Health Center 1891 Effie Street Los Angeles, CA 90026 (323) 644-2000 FAX: (323) 666-1417	Monday - Friday 8:30 a.m. – 5:00 p.m. Spanish Other languages are based on staff availability
7278	Hathaway-Sycamores Children & Family Services 840 N. Avenue 66 Los Angeles, CA 90042 (323) 257-9600 FAX: (323) 340-8931 & (323) 257-8118	Monday – Thursday 9:00 a.m. – 7:00 p.m. Friday 8:00 a.m. – 5:00 p.m. Spanish
7645A	Hillside Community Center 1282 W. 2 nd St. Los Angeles, Ca 90026 213-201-5380 FAX: (213) 355-1249	Monday – Friday 8:30 a.m. – 8:00 p.m. Spanish
7103	Koreatown Youth & Community Center 680 S. Wilton Place Los Angeles, CA 90005 (213) 365-7400 x133 FAX: (213) 383-1280	Monday – Friday 9:00 a.m. – 6:00 p.m. Spanish, Korean
1956	LAC-USC MC-Child & Adolescent 2020 Zonal Ave., Ground Floor, Rm 22 Los Angeles, CA 90033 (323) 226-5777 FAX: (323) 226-5751 & (323) 226-5752	Monday – Friday 8:00 a.m. – 4:30 p.m. Spanish
7546A	Para Los Niños 838 East 6 th St. Los Angeles, CA 90021 213-623-8446 FAX: (213) 896-1880	Monday – Friday 8:00 a.m. – 5:00 p.m. Spanish
SERVICE AREA 5: BEVERLY HILLS, CALABASAS, CULVER CITY, LOS ANGELES (PART), MALIBU, VENICE, SANTA MONICA AND WESTWOOD		
7334	Didi Hirsch Community Mental Health Services Mar Vista Center 12420 Venice Blvd., Suite 200 Los Angeles, CA 90066 (310) 751-1200 FAX: (310) 398-0312	Monday – Thursday 8:30 a.m. – 8:00 p.m. Friday 8:30 a.m. – 5:00 p.m. Spanish, Farsi, Korean

Provider Number	Facility Name	Hours of Operation
7191	Edmund D. Edelman Westside Mental Health Center 11080 W. Olympic Blvd., 1 st Floor Los Angeles, CA 90064 (310) 966-6610 FAX: (310) 231-0760	Monday, Friday 8:00 a.m. – 6:30 p.m. Tuesday, Wednesday, Thursday 8:00 a.m. – 7:00 p.m. Spanish, Mandarin, Korean, Filipino Hebrew, Yiddish, French
7394A	The HELP Group (Los Angeles Center for Therapy & Education) 12099 W. Washington Blvd., Suite 200 Los Angeles, CA 90066 (310) 751-1177 FAX: (310) 313-7652	Monday – Friday 8:00 a.m. – 5:00 p.m. Spanish, Farsi, Korean, Japanese
7272	Pacific Asian Counseling Services 8616 La Tijera Blvd., Suite 200 Los Angeles, CA 90045 (310) 337-1550 FAX: (310) 337-2805	Monday – Friday 9:00 a.m. – 6:00 p.m. Korean, Japanese, Khmer, Samoan, Spanish, Tagalog
7169B	St. John's Health Center/ Deaf and Hard of Hearing 1339 20 th Street Santa Monica, CA 90404 (310) 829-8536 FAX: (310) 829-8455	Monday – Thursday 8:00 a.m. – 8:00 p.m. 5:00 p.m. – 8:00 p.m. by appt only Friday 8:00 a.m. – 4:30 p.m. Spanish, American Sign Language, French
6773F	St. John's Child and Family 1339 20 th Street Santa Monica, CA 90404 (310) 829-8921 FAX: (310) 829-8455	Monday – Thursday 8:30 a.m. – 8:00 p.m. Friday 8:30 a.m. – 5:00 p.m. Spanish, Russian
7196A	Vista Del Mar 3200 Motor Ave. Los Angeles, CA 90034 310-836-1223 FAX: (310) 836-2162	Monday – Thursday 9:00 a.m. – 8:00 p.m. Friday and Saturday 9:00 a.m. – 5:00 p.m. Spanish
<u>SERVICE AREA 6: SOUTH CENTRAL:</u> COMPTON, LOS ANGELES (PART), LYNWOOD AND PARAMOUNT		
1938Y	Compton Child and Family 921 East Compton Blvd. Compton, CA 90221 (310) 668-6990 FAX: (310) 898-3474	Monday – Friday 8:00 a.m. – 5:00 p.m. Services available on a walk-in basis: Tuesday & Thursday 8:00 a.m. – 12:00 p.m. 1:00 p.m. – 4:00 p.m. Spanish
7080	Kedren Community Health Center 4211 S. Avalon Blvd. Los Angeles, CA 90011 (323) 233-0425 FAX: (323) 432-5177	Monday – Friday 8:30 a.m. – 5:00 p.m. Spanish

Provider Number	Facility Name	Hours of Operation
7276	Los Angeles Child Guidance – Leimert Park Office 4401 Crenshaw Blvd., Suite 300 Los Angeles, CA 90043 (323) 290-8360 FAX: (323) 290-8366	Monday – Thursday 8:00 a.m. – 6:00 p.m. Friday 8:00 a.m. – 5:00 p.m. Spanish
6870	Los Angeles Child Guidance Clinic – Exposition Park Office 3787 S. Vermont Avenue Los Angeles, CA 90007 (323) 766-2345 FAX: (323) 766-2371	Monday – Thursday 8:00 a.m. – 8:00 p.m. Friday 8:00 a.m. – 6:00 p.m. SED Assessments on a walk-in basis: Monday – Friday 8 a.m. – 12:00 p.m. Spanish, Mandarin Day Treatment – Yes
7265	Los Angeles Child Guidance Clinic – University Park Office 3031 S. Vermont Avenue Los Angeles, CA 90007 (323) 373-2400 FAX: (323) 766-2370	Monday – Friday 8:00 a.m. – 5:00 p.m. Spanish
1963	Augustus F. Hawkins Mental Health Center 1720 E. 120 th Street Los Angeles, CA 90059 (310) 668-4272 FAX: (310) 223-0914	Monday – Friday 8:00 a.m. – 4:30 p.m. Spanish
7365	Shields for Families Project, Inc 1315 Bullis Road, #15 Compton, CA 91221 (323) 242- 5000 FAX: (323) 777-0375	Monday – Friday 8:30 a.m. – 5:00 p.m. Spanish
SERVICE AREA 7 (SOUTHEAST): ARTESIA, BELL, BELL GARDENS, BELLFLOWERS, CERRITOS, COMMERCE, CUDAHY, DOWNEY, HAWAIIAN GARDENS, HUNTINGTON PARK, (PART L.A.), LA HABRA HEIGHTS, LA MIRADA, LAKEWOOD, MAYWOOD, MONTEBELLO, NORWALK, PICO RIVERA, SANTA FE SPRINGS, SOUTHGATE, VERNON AND WHITTIER		
7667	Almanzor Center 5900 S. Eastern Avenue, Suite 138 Commerce, CA 90040 (323) 622-0715 FAX: (323) 720-1104	Monday – Friday 8:00 a.m. – 5:00 p.m. Spanish
7579	Asian Pacific Counseling and Treatment Ctr. 11050 E. Artesia Blvd., Suite #F Cerritos, CA 90703 (562) 860-8838 FAX: (562) 860-0248	Monday – Friday 10:00 a.m. – 6:00 p.m. Cambodian, Mandarin, Korean
1977	Community Family Guidance Center 10929 South Street, Suite 208B Cerritos, CA 90703 (562) 924-5526 FAX: (562) 924-1040	Monday – Thursday 8:00 a.m. – 9:00 p.m. Friday 8:00 a.m. – 4:30 p.m. Spanish, Russian, Armenian

Provider Number	Facility Name	Hours of Operation
7360	ENKI Youth and Family Services Margarita Mendez Clinic 1000 S. Goodrich Blvd. Commerce, CA 90022 (323) 832-9795 FAX: (323) 832-9796 Call Center: (866) 227-1302	Monday 9:00 a.m. – 6:00 p.m. Tuesday, Wednesday, Thursday 9:00 a.m. – 7:00 p.m. Friday 8:00 a.m. – 5:00 p.m. Spanish
1972	Intercommunity Child Guidance Center 10155 Colima Road Whittier, CA 90603 (562) 692-0383 FAX: (562) 692-0380	Monday – Thursday 8:00 a.m. – 7:00 p.m. Friday 8:00 a.m. – 1:00 p.m. Spanish
7511	Penny Lane Center 2450 Atlantic Blvd., #101 Commerce, CA 90040 (323) 318-9960 FAX: (323) 780-3211	Monday – Friday 8:30 a.m. – 6:00 p.m. Spanish
7572A	Providence Mental Health 21520 Pioneer Blvd. Suite 110 Hawaiian Gardens, CA 90716 (562) 865-3644 FAX: (562) 865-5244	Monday – Friday 9:00 a.m. – 5:30 p.m. Spanish
6857	Roybal Family Mental Health Services 4701 Cesar E. Chavez, 2 nd Floor Los Angeles, CA 90022 (323) 267-3400 FAX: (323) 260-5201	Monday - Friday 8:00 a.m. – 6:30 p.m. Walk-in clinic: 8:00 a.m. – 4:00 p.m. Spanish
7468	San Antonio/Somos Familia MHC 2629 Clarendon Avenue, 2 nd Floor Huntington Park, CA 90255 (323) 584-3700 FAX: (323) 277-0713	Monday and Thursday 7:30 a.m. – 6:00 p.m. Tuesday and Wednesday 7:30 a.m. – 7:00 p.m. Friday 7:30 a.m. – 5:00 p.m. Spanish
SERVICE AREA 8: AVALON, CARSON, EL SEGUNDO, GARDENA, HAWTHORNE, HERMOSA BEACH, INGLEWOOD, L.A. (PART), LAWDALE, LONG BEACH, MANHATTAN BEACH, PALOS VERDES ESTATES, RANCHO PALOS VERDES, SAN PEDRO, SIGNAL HILL, REDONDO BEACH, ROLLING HILLS ESTATES, TORRANCE AND WILMINGTON		
7275	Children's Institute International South 21810 Normandie Avenue Torrance, CA 90502 (310) 783-4677 FAX: (310) 783-4676	Monday – Friday 8:30 a.m. – 5:00 p.m. Spanish, Mandarin, Korean, Filipino, Hebrew, Arabic
7064	Coastal Asian Pacific Mental Health Center 14112 S. Kingsley Drive Gardena, CA 90249 (310) 217-7312 FAX: (310) 352-3111	Monday – Friday 8:00 a.m. – 5:00 p.m. Vietnamese, Korean, Japanese, Tongas, Arabic, Cambodian, Cantonese, Mandarin, Taiwanese
7209	Didi Hirsch – Inglewood 111 N. La Brea Ave., Ste. 700 Inglewood, CA 90301 (310) 677-7808 – Answering Service FAX: (310) 846-2139	Monday and Wednesday 8:30 a.m. – 8:00 p.m. Tuesday and Thursday 8:00 a.m. – 7:00 p.m. Friday 8:30 a.m. – 5:00 p.m. Spanish, Cantonese, Chinese, Japanese, French, German, Punjabi

Provider Number	Facility Name	Hours of Operation
7121A	For the Child 4001 Long Beach Blvd. Long Beach, CA 90807 (562) 427-7671 FAX: (562) 595-4704	Monday – Thursday 8:00 a.m. – 7:00 p.m. Friday 8:00 a.m. – 5:00 p.m. Spanish
7433	The Guidance Center 3711 Long Beach Blvd., Suite #600 Long Beach, CA 90807-3085 (562) 485-3085 (ACCESS) (562) 595-1159 – Main # FAX: (562) 981-7569	Monday – Wednesday 8:00 a.m. – 8:00 p.m. Thursday 8:00 a.m. – 8:00 p.m. Friday 8:00 a.m. – 6:00 p.m. Spanish
1962	Harbor-UCLA Medical Center Child Psychiatry 1000 West Carson Street, Box 498 Torrance, CA 90501 (310) 222-3110 FAX: (310) 328-7217	Monday, Tuesday and Wednesday 8:00 a.m. – 6:30 p.m. Thursday 8:00 a.m. – 6:30 p.m. Friday 8:00 a.m. – 5:00 p.m. Spanish
7180	Harbor View Community Services Center 850 E. Wardlow Ave. Long Beach, CA 90807 (562) 981-9392 FAX: (562) 981-2622	Monday – Friday 8:00 a.m. – 8:00 p.m. Spanish, Filipino, Vietnamese, Cambodian
1926Y	Long Beach Child & Adolescent Program 240 E. 20 th Street Long Beach, CA 90806 (562) 599-9271 FAX: (562) 218-4076	Monday, Tuesday, Thursday 8:00 a.m. – 6:00 p.m. Wednesday 8:00 a.m. – 7:00 p.m. Friday 8:00 a.m. – 5:00 p.m. Spanish, Farsi, Vietnamese
7342 7432	Masada 130 W. Victoria St. Gardena, CA 90248 (310) 715-2020 FAX: (310) 715-1401	Monday – Friday 8:00 a.m. – 5:00 p.m. Spanish, Japanese
7426	Pacific Asian Counseling Services 3530 Atlantic Avenue, Suite 210 Long Beach, CA 90807 (562) 424-1886 FAX: (562) 424-2296	Monday – Friday 9:00 a.m. – 6:00 p.m. Mandarin, Cantonese, Korean, Japanese, Samoan, Khmer, Spanish, Tagalog, Vietnamese
7329W	Special Services for Groups (Occupational Therapy Training Program) 19401 S. Vermont Avenue, Suite A200 Torrance, CA 90502 (310) 323-6887 FAX: (310) 323-1570	Monday – Friday 9:00 a.m. – 5:00 p.m. Spanish
1969	South Bay Children's Health Center 1617 Cravens Ave. Torrance, CA 90501 (310) 328-0855 FAX: (310) 328-9636	Monday – Thursday 8:00 a.m. – 8:00 p.m. Closed on Fridays Spanish, Mandarin, Cantonese, Filipino, Dutch

ADDENDUM F**PSYCHIATRIC INPATIENT HOSPITALS PARTICIPATING IN THE
HEALTHY FAMILIES PROGRAM**

Please consult with the hospital or the Healthy Families Unit prior to transferring or admitting a child to one of the hospitals listed below to ensure that the hospital in question remains contracted to provide Healthy Families inpatient services.

CONTRACTOR	TELEPHONE	AGES SERVED	TYPE OF HOSPITAL
*Aurora Charter Oak Hospital 1161 E. Covina Boulevard Covina, CA 91724	626-966-1632	Child and Adult	Acute Psychiatric Hospital
Aurora Las Encinas Hospital 2900 W. Del Mar Blvd. Pasadena, CA 91107	626-795-9901	Child and Adult	Acute Psychiatric Hospital
Bellflower Medical Center 9542 E. Artesia Boulevard Bellflower, CA 90706	562-925-8355	Child and Adult	General Acute Care Hospital
*BHC Alhambra Hospital 4619 N. Rosemead Boulevard Rosemead, CA 91770	626-286-1191	Child and Adult	Acute Psychiatric Hospital
City of Angels Medical Center Ingleside Campus 7500 E. Hellman Avenue Rosemead, CA 91770	626-288-1160	Child and Adult	Acute Psychiatric Hospital
*College Hospital Cerritos 10802 College Place Cerritos, CA 90703	562-924-9581	Child and Adult	Acute Psychiatric Hospital
College Hospital Costa Mesa 301 Victoria Street Costa Mesa, CA 92627	949-642-2734	Child and Adult	General Acute Care Hospital
Del Amo Hospital 23700 Camino Del Sol Torrance, CA 90505	310-530-1151	Child and Adult	Acute Psychiatric Hospital
Kedren Community MHC 4211 S. Avalon Blvd. Los Angeles, CA 90011	323-233-0425	Child and Adult	Acute Psychiatric Hospital
LAC/USC (Augustus Hawkins) 1720 E. 120 th St. Los Angeles, CA 90059	310-668-8212	Child and Adult	Acute Psychiatric Hospital
Northridge Hospital 18300 Roscoe Blvd. Northridge, CA 91328	818-885-8500	Child and Adult	Acute Psychiatric Hospital
UCLA NPI 760 Westwood Plaza Los Angeles, CA 90095	310-825-0511	Child and Adult	Acute Psychiatric Hospital

* These 3 hospitals are contracted with the County to provide inpatient services after the initial 30 day inpatient hospital health plan benefit days have been exhausted.

**LOS ANGELES COUNTY
HEALTH PLANS PARTICIPATING IN HEALTHY FAMILIES PROGRAM**

In Los Angeles County, Eight (8) health plans have entered into Memoranda of Understanding (MOU) with the County to participate in the Healthy Families Program:

HEALTH PLAN	PHONE NUMBER FOR PROVIDER AUTHORIZATION	FAX NUMBERS
Blue Cross	800/399-2421	805/384-7226
Blue Shield ¹	800/424-6521	
Care 1 st	800/468-9935	866/848-4974
Community Health Plan	800/475-5550	626/299-7258
Health Net ²	800/522-0088	
Kaiser	800/464-4000	323/783-4299
L.A. Care ³	800/548-6549	
Molina Health Care of California ⁴	800/577-6677	

¹Blue Shield's mental health services have been subcontracted to **US Behavioral Health Plan**, California. (800) 798-3053, Fax (619) 641-6916

²Healthnet's mental health services have been subcontracted to **Managed Health Network**. (800) 760-6277 x: 4407, Fax (714) 934-5512

³L.A. Care's mental health services have been subcontracted to **PacifiCare Behavioral Health**. (800) 548-6549, Fax (415) 547-5945

⁴Molina's mental health services have been subcontracted to **Comprehensive Behavioral Care** (800) 577-6677, Fax (877) 436-3604

LOS ANGELES COUNTY
DEPARTMENT OF MENTAL HEALTH
PAYOR FINANCIAL INFORMATION

CONFIDENTIAL CLIENT INFORMATION
See W & I Code, Section 5328

CLIENT INFORMATION

1 CLIENT NAME	SS #	CLIENT ID #
2 MAIDEN NAME	DOB	MARITAL STATUS M S D W SP
SPOUSE NAME		

THIRD PARTY INFORMATION

3 NO THIRD PARTY PAYOR <input type="checkbox"/>							
4 MEDI-CAL <input type="checkbox"/> YES <input type="checkbox"/> NO		MEDI-CAL COUNTY CODE / AID CODE / CLAIM #		MEDI-CAL PENDING <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE REFERRED	
				REFERRED FOR ELIGIBILITY <input type="checkbox"/> YES <input type="checkbox"/> NO			
5 SHARE OF COST <input type="checkbox"/> YES <input type="checkbox"/> NO	SOC AMT \$	SSI PENDING <input type="checkbox"/> YES <input type="checkbox"/> NO	SSI APPLICATION DATE	IF MEDI-CAL/SSI ELIGIBLE BUT NOT REFERRED, STATE REASON			
6 MEDI-CAL HMO <input type="checkbox"/> YES <input type="checkbox"/> NO	CALWORKS <input type="checkbox"/> YES <input type="checkbox"/> NO	AB3632 <input type="checkbox"/> YES <input type="checkbox"/> NO	GROW <input type="checkbox"/> YES <input type="checkbox"/> NO	HEALTHY FAMILIES <input type="checkbox"/> YES <input type="checkbox"/> NO	HEALTHY FAMILIES CIN #	OTHER FUNDING	
7 MEDICARE <input type="checkbox"/> YES <input type="checkbox"/> NO	MEDI-GAP <input type="checkbox"/> YES <input type="checkbox"/> NO	CHAMPUS <input type="checkbox"/> YES <input type="checkbox"/> NO	VET/ADM <input type="checkbox"/> YES <input type="checkbox"/> NO	PRIVATE INS <input type="checkbox"/> YES <input type="checkbox"/> NO	HMO <input type="checkbox"/> YES <input type="checkbox"/> NO	CLAIM #	
8 NAME OF CARRIER			GROUP/POLICY/ID #			NAME OF INSURED	
9 CARRIER ADDRESS					ASSIGNMENT/RELEASE OF INFORMATION OBTAINED <input type="checkbox"/> YES <input type="checkbox"/> NO		

PAYOR REFERENCES (CLIENT OR RESPONSIBLE PERSON)

10 NAME OF PAYOR		RELATION TO CLIENT	DOB	MARITAL STATUS M S D W SP	PAYOR CDL/CAL ID
11 ADDRESS		CITY	STATE	ZIP CODE	TEL #
12 SOURCE OF INCOME: <input type="checkbox"/> SALARY <input type="checkbox"/> SELF EMPLOYED <input type="checkbox"/> UNEMPLOYMENT INSURANCE <input type="checkbox"/> DISABILITY INSURANCE <input type="checkbox"/> SSI <input type="checkbox"/> GR <input type="checkbox"/> VA <input type="checkbox"/> Other Public Assistance <input type="checkbox"/> IN-KIND <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER:					PAYOR SS #
13 EMPLOYER		POSITION			IF NOT EMPLOYED, DATE LAST WORKED
14 EMPLOYER'S ADDRESS (Include City, State & Zip Code)					TEL #
15 SPOUSE		ADDRESS (Include City, State & Zip Code)			SPOUSE'S SS #
16 SPOUSE'S EMPLOYER		POSITION			IF NOT EMPLOYED, DATE LAST WORKED
17 SPOUSE'S EMPLOYER'S ADDRESS (Include City, State & Zip Code)					TEL #
18 NEAREST RELATIVE/RELATIONSHIP		ADDRESS (Include City, State & Zip Code)			TEL #

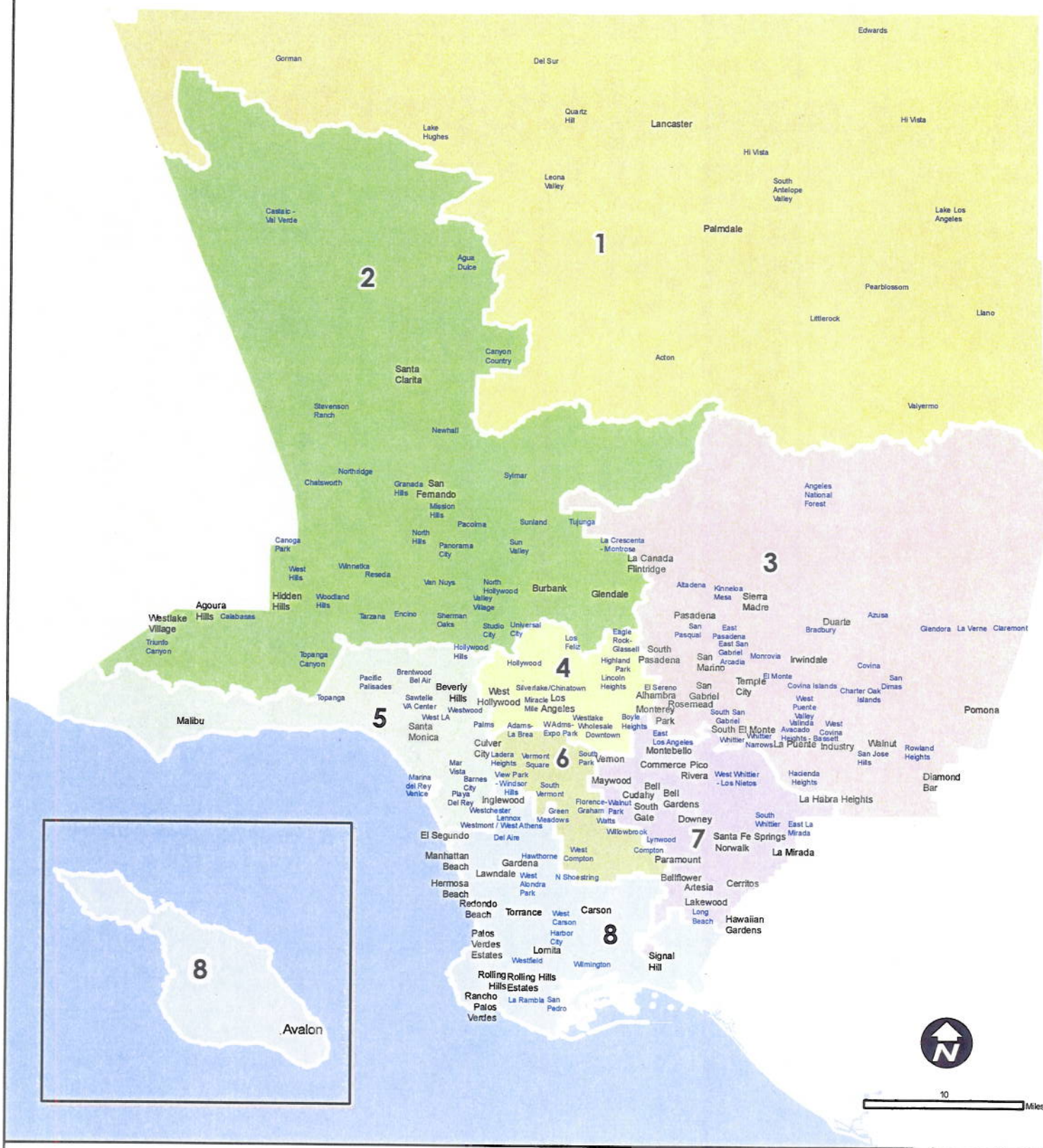
UMDAP LIABILITY DETERMINATION

19 LIQUID ASSETS Savings \$ _____ Checking Accounts \$ _____ IRA, CD, Market value of stocks, bonds and mutual funds \$ _____ TOTAL LIQUID ASSETS \$ _____ Less Asset Allowance \$ _____ Net Asset Valuation \$ _____ Monthly Asset Valuation (Divide Net Asset by 12) \$ _____ VERIFICATION OBTAINED <input type="checkbox"/> YES <input type="checkbox"/> NO	20 ALLOWABLE EXPENSES Court ordered obligations paid monthly \$ _____ Monthly child care payments (necessary for employment) \$ _____ Monthly dependent support payments \$ _____ Monthly medical expense payments \$ _____ Monthly mandated deductions from gross income for retirement plans. (Do not include Social Security) \$ _____ Total Allowable Expenses \$ _____ VERIFICATION OBTAINED <input type="checkbox"/> YES <input type="checkbox"/> NO	21 ADJUSTED MONTHLY INCOME Gross Monthly Family Income Self/Payor \$ _____ Spouse \$ _____ Other \$ _____ TOTAL \$ _____ Add monthly asset valuation \$ _____ TOTAL \$ _____ Subtract total expenses \$ _____ Adjusted Monthly Income \$ _____ VERIFICATION OBTAINED <input type="checkbox"/> YES <input type="checkbox"/> NO	
22 Number Dependent on Adjusted Monthly Income	ANNUAL LIABILITY	ANNUAL CHARGE PERIOD FROM TO	Payment Plan \$ _____ per month for _____ months.
23 PROVIDER OF FINANCIAL INFORMATION Name and Address (If Other Than Patient or Responsible Person)			

OTHER

24 PRIOR MH TREATMENT (Only applicable to current Annual Charge Period) <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE		FROM	TO	PRESENT ANNUAL LIABILITY BALANCE
25 ANNUAL LIABILITY ADJUSTED BY		DATE	REASON ADJUSTED	
ANNUAL LIABILITY ADJUSTMENT APPROVED BY		DATE		
26 An explanation of the UMDAP liability was provided SIGNATURE OF INTERVIEWER			PROVIDER NAME AND NUMBER	
27 I affirm that the statements made herein are true and correct to the best of my knowledge and I agree to the payment plan as stated on line 22 SIGNATURE OF CLIENT OR RESPONSIBLE PERSON				
DATE				

Los Angeles County - Department of Mental Health



- Service Area Boundary**
- SA 1 - Antelope Valley
 - SA 2 - San Fernando
 - SA 3 - San Gabriel
 - SA 4 - Metro
 - SA 5 - West
 - SA 6 - South
 - SA 7 - East
 - SA 8 - South Bay

Note:
City Names shown in Black.
Community names shown in Blue

**COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
CHILD, YOUTH AND FAMILY PROGRAM ADMINISTRATION**

HEALTHY FAMILIES UNIT
600 S. Commonwealth Avenue, 2nd Fl.
Los Angeles, CA 90005

Tel. No. (213) 739-2302

Fax No. (213) 736-5804

HEALTHY FAMILIES UNIT HOSPITALIZATION NOTIFICATION FORM

Date: _____

Name of Hospital: _____

Contact Person: _____

Tel. No. () _____
Area Code

Patient's Name: _____

SSN # _____ DOB: _____

Dates of inpatient service provided (after initial 30 day benefit period):

Parent/guardian Name: _____

Healthy Families Health Plan: _____

NOTICE OF CONFIDENTIALITY

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to who it pertains unless otherwise permitted by law.

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
HEALTHY FAMILIES PROGRAM
INPATIENT CARE SUBSTITUTION RECORD

It is requested that the Health Plan consult the DMH Healthy Families Unit when prior substituting outpatient care for inpatient days. The substitution rate is 4 outpatient visits for each day of inpatient care. The Health Plan is asked to FAX this completed form with a current assessment (including the presenting problem, psychiatric history, medical history, psychosocial history, substance abuse history, medications prescribed, diagnosis, goals of treatment, and a description of past services and family involvement) to the Department's Healthy Families Unit.

Date FAX sent ____/____/____ Authorization No. _____

Member Name (PLEASE PRINT) _____

DOB ____/____/____ Member Identification No. _____

Health Plan _____

Health Plan Contact _____ Phone No. (____) _____

I.P.A. \ Medical Group _____

Mental health agency location: _____

Date services began _____

Justification for Substituting Outpatient Care for Inpatient Care _____

No. of Inpatient days traded _____ No. of Outpatient days received _____

Date of first new outpatient visit to be used ____/____/____

Signature of Health Plan Representative _____

Signature of DMH Representative _____

FAX to **DMH**
Healthy Families Unit
Primary FAX: (213)252-0240
FAX (213) 736-5804

Telephone Number:
(213) 739-2302

Date received by Healthy Families Unit ____/____/____

Date of consultation ____/____/____

The Healthy Families Program Basic Information for Parents

Who May Qualify to Enroll?

- Children up to their 19th birthday.
- Families with incomes at or below 250% of the Federal Income Guidelines. Reference:
http://www.healthyfamilies.ca.gov/HFProgram/Income_Guidelines.aspx
- Children without employer-sponsored health insurance in the last 3 months. Under some circumstances, such as the loss of a job, a parent may apply for their child regardless of having less than 90 days without coverage.
- Children who are U.S. Citizens, nationals or qualified immigrants.
- Children not eligible for no-cost Medi-Cal.
- Children who live in California.

Monthly Premiums:

\$4-\$15 per child per month depending on family size, income and the health plan chosen. No more than \$45 per month for a family.

Benefits:

Includes comprehensive health, dental and vision coverage. Mental health services are provided in part by the health plan, and in part by the County. Limited alcohol and drug treatment services are provided by the health plan. Non-preventative services have \$5 co-payment.

Public Charge:

In May 1999, the Federal Immigration and Naturalization Service (INS) issued guidelines stating that lawful receipt of health coverage through Healthy Families or Medi-Cal does not constitute a public charge. For more information, contact INS or see the INS website at www.uscis.gov.

Application Documents Required to Apply for Healthy Families:

Proof of income

Proof of citizenship/immigration status for child

Healthy Families Helpline: 1-800-880-5305

A toll free telephone number that a family may call:

- to request an application form,
- for assistance over the phone in completing form,
- to locate a Certified Application Assistant in their area, or
- to receive further information